

JAN-22-2004 04:27 FROM:DR SYLVIA KOWALEWSKI 2209662

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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/064,232 |
| | Filing Date | February 28, 2002 |
| | First Named Inventor | DORT, Leslie |
| | Art Unit | 3784 |
| | Examiner Name | Brown, Michael A. |
| | Attorney Docket Number | 45074-70 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23871

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 23871

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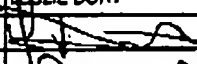
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name LESLIE DORT

Signature 

Date Jan 22, 2004 Telephone 1-403-686-4330

NOTE: Signatures of all the inventors or assignees of record of the entire interest or (just representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

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